## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks I through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block I, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.			
William Control of the Control of th				ers. Each additional pape	r, such as an assignment	or formal drawing, must	
47973	7590 07/17	/2008	e e	Contificat	o of Mailing or Transm	iecion	
WORKMAN N	YDEGGER/MIC	ROSOFT	I he	reby certify that this Fee	(s) Transmittal is being	deposited with the United class mail in an envelope bove, or being facsimile e indicated below.	
1000 EAGLE GA		en e	Stat addi	es Postal Service with su ressed to the Mail Stop	ISSUE FEE address a	bove, or being facsimile	
60 EAST SOUTI			tran	smitted to the USPTO (5	71) 273-2885, on the dat	e indicated below.	
SALT LAKE CIT	ry, ut 84111					(Depositor's name)	
96 - 18 de				***************************************		(Signature)	
						(Daie)	
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR	ATTO	ORNEY DOCKET NO.	CONFIRMATION NO.	
10/052,039			Shishir Pardikar	Shishir Pardikar 13768.783.91 1257		1257	
TITLE OF INVENTION	N: SYSTEM AND N	METHOD FOR PROVI	DING TRANSPARENT	ACCESS TO DISTR	IBUTED AUTHORING	G AND	
VERSIONING FILES IN	CLUDING ENCRYPT	ED FILES	· ·				
The section of the se					ķi.		
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1440	\$300	\$0	\$1740	10/17/2008	
EXAMI	NEK	ART UNIT	CLASS-SUBCLASS	laga, a		er Salar	
SERRAO, RA	VNODHI N	2141	709-219000				
1. Change of corresponder	nce address or indicatio	n of "Fee Address" (37	2. For printing on the p	- 60° 11° 11° 11° 11° 11° 11° 11° 11° 11° 1	. 337/cmle	man Nyalamar	
CFR 1.363).	wlanca oddraes (or Cho	nge of Correspondence	(1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is				
Address form PTO/SB	/122) attached.	lige of Correspondence					
Tree Address" indic	cation (or "Fee Address	"Indication form led. Use of a Customer					
Number is required.	or more recent) attach	led. Ose of a Customer	listed, no name will be	printed.			
3. ASSIGNEE NAME AN	ND RESIDENCE DATA	A TO BE PRINTED ON T	THE PATENT (print or ty	pe)			
PLEASE NOTE: Unle	ess an assignee is ident	ified below, no assignee	data will appear on the p T a substitute for filing an	atent. If an assignee is	identified below, the do	cument has been filed for	
		oletion of this form is NO					
(A) NAME OF ASSIG	NELS		(B) RESIDENCE: (CITY and STATE OR COUNTRY)				
Microsoft C	orporation		Redmond, W	/ashington			
Please check the appropria	ate assignee category or	categories (will not be pr	inted on the patent):	Individual 🚨 Corpora	tion or other private grou	p entity Government	
4a. The following fee(s) a	re submitted	41	o. Payment of Fee(s): (Plea	ase first reapply any pre	viously paid issue fee sl	nown above)	
Issue Fee	O Basilinasa.		A check is enclosed.				
☑ Publication Fee (No small entity discount permitted)			Payment by credit card. Form PTO-2038 is attached.				
Advance Order - # of Copies			The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 23-3178 (enclose an extra copy of this form).				
5. Change in Entity State	us (from status indicate	d shove)	ovolpaymon, to 20pe		J. D. I. L.	<u> </u>	
a. Applicant claims			☐ b. Applicant is no lon	ger claiming SMALL EN	ITITY status. See 37 CF	R 1.27(g)(2).	
NOTE: The Issue Fee and interest as shown by the re	Publication Fee (if req	uired) will not be accepte					
interest as shown by the re	ecords of the United Sta	tes Latent and Trademark	Office.				
Authorized Signature	CTC	イメレフな	legaes	Date AVAV	ST 2717	2000	
Aumonzeu alguarare	5:175	-{ \ \ "- <i>[]</i> "	777	4	Acceptant		
Typed or printed name		ydegger 🅖	W	Registration 186	28,001		
This collection of informa an application. Confident submitting the completed this form and/or suggestic Box 1450, Alexandria, Vi	ition is required by 37 Cality is governed by 35 application form to the ons for reducing this bu	FR 1.311. The informatic U.S.C. 122 and 37 CFR USPTO. Time will vary rden, should be sent to th	on is required to obtain or 1.14. This collection is es depending upon the indiv e Chief Information Office	retain a benefit by the put timated to take 12 minute vidual case, Any commen er, U.S. Patent and Trade	olic which is to file (and es to complete, including its on the amount of tim mark Office, U.S. Depar	by the USPTO to process) gathering, preparing, and e you require to complete tment of Commerce, P.O.	
Box 1450, Alexandria, Vi Alexandria, Virginia 2231	rginia 22313-1450. DC 3-1450.	) NOT SEND FEES OR (	COMPLETED FORMS T	O THIS ADDRESS, SEN	ID TO: Commissioner fo	or Patents, P.O. Box 1450,	
Under the Paperwork Red	uction Act of 1995, no	persons are required to re	spond to a collection of int	formation unless it displa	ys a valid OMB control t	number.	
		<u></u>					
	à				* t 1		